

**FOR OFFICE USE ONLY**

Application Fee Paid \_\_\_\_\_

Date Paid \_\_\_\_\_

Specialty \_\_\_\_\_

Specialty Lic. No. \_\_\_\_\_

Date Issued: \_\_\_\_\_

APPLICATION FOR EXAMINATION  
BEFORE THE  
KENTUCKY BOARD OF DENTISTRY  
FOR SPECIALTY LICENSURE  
IN THE  
COMMONWEALTH OF KENTUCKY

EXAMINATION DATE \_\_\_\_\_

Name (Print in full) \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Graduate of what dental college \_\_\_\_\_ Year \_\_\_\_\_

Name state in which you hold dental licenses, giving number and date of each:

\_\_\_\_\_  
\_\_\_\_\_

How many years have you devoted to the general practice of dentistry? \_\_\_\_\_

Specialty in which license is desired \_\_\_\_\_

Do you expect to devote your full time to the practice of this specialty? \_\_\_\_\_

Why do you desire a specialty license? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Special education in \_\_\_\_\_. Have you earned any special dental degrees or certificates of proficiency? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If so, designate when, where, and how acquired: furnish certification. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Graduate Training: (Give names of schools, hospitals, clinics, dispensaries, and fundamental science laboratories, and dates of attendance; Furnish Certification. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you served an internship? If so, give detailed summary of dates, locations, and furnish certification. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Experience In Specialty. Be specific as to places and time you have devoted to your chosen specialty. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you served as a teacher or instructor in the specialty in which license is desired? \_\_\_\_\_ Furnish certification as to place and time: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What percentage of your time is devoted to the specialty? \_\_\_\_\_

What percentage of your income is derived from the specialty? \_\_\_\_\_

Have you engaged in any research work? If so, name subjects or give findings.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Give six references (dentists) who have referred patients to you, or who personally know your ability. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Give names of professional organizations in which you hold membership.

\_\_\_\_\_

\_\_\_\_\_

What society meetings have you attended during the past five years? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name professional periodicals carrying any of your articles during the past five years and give dates of publication. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List offices and committees on which you served during the past five years.

\_\_\_\_\_

\_\_\_\_\_

Are you a member of any specialized societies? \_\_\_\_\_ Give name and length of membership. \_\_\_\_\_

\_\_\_\_\_

Are you a Diplomate of a specialty board? \_\_\_\_\_ Furnish certification.

Of what community or social organizations are you a member? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This application is respectfully submitted for the consideration of the Kentucky Board of Dentistry in full-fillment of the statutes regulating the specialized practice of dentistry.

Signed \_\_\_\_\_

Subscribed in my presence and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

County of: \_\_\_\_\_

SEAL

State of: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

### INSTRUCTIONS

**Case histories as outlined in the specialty examination instructions and application must be received in the Board office, thirty (30) days prior to the date of the examination.**

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**Make check or money order payable to :**

**Kentucky Board of Dentistry**

**Address all correspondence and submit application and \$60.00 fee to:**

**Kentucky Board of Dentistry  
312 Whittington Pkwy, Suite 101  
Louisville, Kentucky 40222**